

RF 12
L NUMBER
579 (E-1)

S/S CONTROL NUMBER

(Attachment Classification)

8010579

ACTION ASSIGNED TO: *EW/C*

DATE: 11/15

(Action Office Instructions on Reverse)

ACTION REQUESTED

____ STATE TO NSC MEMO
____ STATE TO

_____ with Draft reply for signature
by _____
_____ with Comment or Recommendation

 DIRECT REPLY

- _____ provide info copy under cover
- _____ of State-NSC transmittal form
- _____ provide comeback copy
- _____ for

REPLY FOR SIGNATURE
BY

RECOMMENDATION FOR _____
_____ with Memorandum for the President

☒ APPROPRIATE HANDLING

 FOR YOUR INFORMATION

CLEAR WITH:

DUE IN S/S BY:

REMARKS/SPECIAL INSTRUCTIONS:

DEPARTMENT OF STATE	
<input checked="" type="checkbox"/> RELEASE	<input type="checkbox"/> DECLASSIFY
<input type="checkbox"/> EXCISE	<input type="checkbox"/> DECLASSIFY
<input type="checkbox"/> BENY	IN PART
<input type="checkbox"/> DELETE Non-Responsive info	
FOIA Exemptions	
PA Exemptions	
1980 MAY 15	

IS/FPC/CDR	WDR	Date: 10/12/95
MR Cases Only:		
EO Citations		
() CLASSIFY as		TS authority to
PD DOWNGRADE IS to		() S or () C OADR
		() S or () C OADR

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 _____ S/S-EX
 ✓ _____ S/S-S
 _____ TEAM A
 _____ TEAM B
 ✓ _____ TEAM C
 _____ TEAM D
 ✓ _____ S/S-I (RF)

☐ UNA
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☐ S/AS
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☒ S/MS
☐ S/P
☐ S/CPR
☐ S/IG
☐ S/IL
☐ S/PTA
☐ S/R
☐ S/SLG
☐ D/LOS
☐ M/CT
☐ M/DG
☐ M/EEO
☐ M/FLO
☐ M/MO

<input type="checkbox"/>	A
<input type="checkbox"/>	CA
<input type="checkbox"/>	EB
<input type="checkbox"/>	H
<input checked="" type="checkbox"/>	HA
<input type="checkbox"/>	1NM
<input type="checkbox"/>	1NR
<input type="checkbox"/>	IO
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<input type="checkbox"/>	OES
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FROM: J. Chavira (NAME)

	A	B	C	D
21522	28338	28348	28062	

ATTACH THIS ACTION SLIP TO ANY SUBMISSION TO S/S